

**AMENDED REQUEST FOR APPLICATIONS**

**RFA #G1701-DPH-CB**

**Minority Health Community Grants**

Issued on:

**August 14, 2013**

Issued by:

STATE OF WISCONSIN DEPARTMENT  
OF HEALTH SERVICES DIVISION OF  
PUBLIC HEALTH MINORITY HEALTH  
PROGRAM

**All applications must be received  
no later than 5:00 PM Central Time  
on **Wednesday, August 21**, 2013**

**Email Applications ONLY as a WORD or PDF document  
attachment to:**

[DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov)

**For questions, contact:**

Ruth DeWeese  
608/261-9302

or

[DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov)

**Late or faxed proposals will not be considered.  
The State of Wisconsin reserves the right to reject any and all applications**

## About The Minority Health Program

The Minority Health Program is committed to improving the health and wellbeing of racial and ethnic communities in Wisconsin and to eliminating health disparities. Created in 1999, the Minority Health Program supports Wisconsin Statute § 250.20 which requires, in part, the Department of Health Services to:

- Identify barriers to health care that prevent economically disadvantaged Wisconsin minorities from participating fully and equally in all aspects of life;
- Monitor current and emerging state policies, procedures, practices, statutes and rules to determine how they positively or negatively affect the health of economically disadvantaged minority community members; and
- Disseminate information on the health status of economically disadvantaged minority group members living in Wisconsin.

The Wisconsin statutes define four racial and ethnic minority groups that must be targeted through the activities of the Minority Health Program:

- American Indians (1% of the state population in 2010)
- Asians (2.3%)
- Black/African Americans (6.3%)
- Hispanics (5.9%)

Together, these groups made up over 15% of Wisconsin's population in 2010. Wisconsin's racial and ethnic minority groups are located throughout the state but many groups are concentrated in just a few counties. For example:

- 69% of Black/African Americans live in Milwaukee County;
- More than half of Hispanics/Latinos reside in three counties (Milwaukee, Racine and Kenosha);
- More than one-third of Asians live in the southeastern region with some clusters in the southern and northeastern regions of the state; and
- Over 60% of American Indians reside in 10 of the 72 Wisconsin counties (Milwaukee, Brown, Menominee, Shawano, Sawyer, Outagamie, Vilas, Dane, Ashland and Bayfield).

For information about the Minority Health Program, please visit our webpage

<http://www.dhs.wisconsin.gov/health/minorityhealth/>

## Minority Health Program Community Grants

### CONTEXT

The Wisconsin Minority Health Program under authority of the Wisconsin Department of Health Services will award up to 4 grants of \$25,000 to \$30,000 each for activities to improve the health status of economically disadvantaged minority group members. Minority Group Members, as defined by Wisconsin Statute §250.20, includes African Americans, American Indians, Hispanics, and Asians. Wisconsin Statute §250.20(3) identifies the appropriation and specifies the award. An awardee of these grants shall provide, for at least 50% of the grant amount, matching funds that may consist of funding or an in-kind contribution. Applicants that are *not* a federally qualified health center, as defined under 42 CFR 405.2401 (b), shall receive priority for grants awarded. *Funding for this grant*

*announcement is contingent on the approval of the appropriation by the Wisconsin Legislature.*

## **PURPOSE**

The Community Grants project is one of the strategies the Minority Health Program uses to support the Wisconsin statutes referenced above, as well as the two crosscutting goals of the state health plan, *Healthiest Wisconsin 2020* (improve health across the lifespan and eliminate health disparities and achieve health equity). The purpose of the community grants is to support the work of community-based organizations serving economically disadvantaged minority group members, especially those organizations that are located in areas where health disparities are high. The type of work funded will aim to eliminate health disparities to achieve health equity, and improve health across the lifespan. The state health plan, *Healthiest Wisconsin 2020*, declares that health disparities “appear to be worse [in Wisconsin] than in many other states” (*HW2020 main document*, page 6); that they “violate the values of justice and fairness and, they interfere with creating a healthy social and physical environment for all of us (in Wisconsin)” (*Ibid*, page 76). The Plan recommends that the Department of Health Services fund efforts to eliminate health disparities.

## **Focus**

Community grants will be used to fund efforts that focus on **one** of the two following themes:

1. The root causes of health disparities, also known as socioeconomic determinants of health (e.g., lack of education, poverty, racism and other forms discrimination, unemployment, unhealthy environment, poor housing conditions and violence); **or**
2. The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.

Wisconsin’s minority group members consistently score poorly on most health indicators compared to the general population. This creates health disparities. For example:

- In 2011-2012, Wisconsin high school graduation rates were 94.6% for non-Hispanic whites; 80.7% for Hispanics/Latinos; 77% for American Indians; and 68.2% for non-Hispanic Black/African Americans, which is a gap of more than 25 percentage points between Whites and Blacks (*Wisconsin Information Network for Successful Schools, 2013*). That same year minority group students constituted 54% of dropouts but only 17% of graduates (*Ibid, 2013*).
- In 2011, Wisconsin’s 25 percent unemployment rate for African Americans was the worst in the nation. In addition, median wages for black men and women lag the state’s median wage, and one in four African American workers earn poverty wages (*The State of Working Wisconsin, 2012*).
- HIV infection disproportionately affects racial/ethnic minorities. Among males, the rate of HIV diagnoses during 2008-2012 was more than ten-fold greater among Blacks and five-fold greater among Hispanics compared to Whites. Among females, the disparity is even greater; the rate of HIV infection was more than 25-fold greater for Blacks and more than five-fold greater for both Hispanics and Asians compared to Whites. Rates for American Indians fluctuate because of the small case numbers (*Summary of the HIV/AIDS Surveillance Annual Review, WI Department of Health Services, 2013*).
- In 2008 – 2010, the disparity ratio of African American to white infant mortality rates in Wisconsin was 2.7, meaning an infant born to an African American woman was nearly three times as likely to die before reaching its first birthday as an infant born to a white woman. In 2010, African American infants represented 10% of the

births and 24% of the deaths (*Wisconsin Infant Mortality Background and Related Efforts [Selected]*, WI Department of Health Services, 2013).

The poor health outcomes among minority group members contribute to Wisconsin's overall low standing despite substantial efforts to improve the health of all. This Request for Applications (RFA) invites proposals from Community Based Organizations (CBOs) to conduct projects that are evidence- or science-based, promising practices (practice-based evidence) or have sound rationale to address **one** of the following:

1. Improve at least one critical socioeconomic determinant of health (for example, education, income and employment, housing, healthy environment, social cohesion);  
**or**
2. Strengthen the cultural and linguistic appropriateness of services by addressing at least one of three CLAS standards areas: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; or 3) Engagement, Continuous Improvement and Accountability.

There are many online resources available to learn about and address health disparities, socioeconomic determinants of health, and the CLAS standards. A few of them appear below.

- **Health Disparities**
  - The federal [Office of Minority Health](#)
    - [National Partnership for Action to End Health Disparities](#)
      - [Toolkit for Community Action](#)
  - [Healthiest Wisconsin 2020](#)
    - [Overarching/Crosscutting Focus Areas](#)
- **Social Determinants of Health (SDH)**
  - [Healthy People 2020: Social Determinants Goals and Objectives](#)
  - [Centers for Disease Control \(CDC\): Background--Social Determinants](#)
    - [Social Determinants Resources](#)
  - Office of Minority Health [MAP-IT Social Determinants of Health](#)
- **National CLAS Standards**
  - [National CLAS Standards](#)
  - [Center of Cultural and Linguistic Competence in Health Care](#)

### Technical support

The Minority Health Program will offer in-person and long distance technical assistance to the recipients of community grants related to the goals and objectives identified in the funded proposals. The Minority Health Program is committed to ensuring that grantees build a solid foundation for delivering and sustaining their projects beyond the grant period. Technical assistance can take the form of support with evaluation activities, reporting, capacity building or program development, and collecting good health data.

## How to apply?

To apply to this Request for Applications you must logon to the website of the Wisconsin Department of Health Services at <http://dhs.wisconsin.gov/rfp/index.htm>. Click on “Minority Community Grants” and fill out the electronic application packet. You can also download the application into your computer to complete at your own leisure.

## Who can apply?

### Eligible Applicants

1. Community-based organizations targeted to racial/ethnic minorities and tribes in Wisconsin.
2. An applicant that is not a federally qualified health center shall receive priority for grant awards.

### Eligible Projects

Eligible projects must aim to improve the health of economically disadvantaged minority group members. Minority Group Members, as defined by Wisconsin Statute §250.20, includes African Americans, American Indians, Hispanics, and Asians.

Your proposal must:

1. Indicate which minority group members will directly benefit from your project.
2. Specify **one** of the following; **either**:
  - One or more social determinants of health that will be changed by your project. Your project must seek to improve social determinants of health for minority group members (from the groups noted above) and should impact one or more of the following:
    - Data collection to track health disparities
    - Civic participation or civic engagement (e.g., resident problem solving)
    - Racism and other forms of discrimination
    - Poverty, education, employment or income, and incarceration
    - Physical environments and social networks that foster health

**Or**

Promote adoption of CLAS, or adopt and implement one or more National CLAS standard(s) through your project. Your project should seek to improve means to effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. ***Please visit [The National CLAS Standards website](#) for details on the standards associated with each of these focus areas.***

3. Demonstrate existing or planned partnerships with other CBOs such as social justice or grassroots groups, faith-based organizations, educational institutions, neighborhood associations, agriculture/nutritional programs, programs or organizations focused on housing, or other non-traditional programs/groups. A letter of support is required from one of your partners to show the commitment to partnership.
4. Demonstrate past experience and expertise working with minority group members. Examples include proof of active participation of the target communities in the activities of your organization, or demonstrated positive outcomes in the target community as a result

of your organization's actions.

5. Use existing theory, evidence- or science-based practices, or promising practices (also known as practiced-based evidence programs). You must provide the rationale which describes why your program will work or why it is likely to work.

### **Other Considerations**

1. All applicants are required to explicitly demonstrate the ability to provide a local match in an amount equal to at least 50% of the requested grant funds. The match can be in the form of in-kind services, land or facility use, free utilities or supplies, program income or other funding sources. You may not use funding from other programs within the Wisconsin Division of Public Health or the Department of Health Services as matching funds under this announcement.
2. If funded, your organization will be expected to work in cooperation with other programs within the Division of Public Health such as communicable diseases, community health promotion, environmental and occupational health, health information, local public health departments and emergency medical services as appropriate.
3. Grant monies may be used for general operations or for program costs (e.g., personnel costs, supplies, equipment costs) as long as funds support work affecting minority group members AND **either** socioeconomic determinants of health **or** CLAS standards.
4. One letter of support is required from a partner organization. The letter must include a clear description of the writer's role and responsibilities in the implementation of your project.

### **Funding Amount and Period**

Up to four grants will be awarded in the amount of \$25,000 to \$30,000 each. The grant period is July 1, 2013 to June 30, 2014 with the possibility of continuation for one additional year. *Continuation grants are subject to State budget appropriation and individual projects' performance.*

### **Application Deadline**

Minority Health Community Grant applications are due on August 21, 2013 by 5:00 pm CDT to [DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov)

### **Supporting documents that you wish to mail may be addressed to Ruth DeWeese/**

Minority Health Program/Division of Public Health/1 West Wilson Street, Room 250/  
Madison, WI 53703. Mailed items must be post-marked by the deadline of August 21, 2013.

### **Application Guidelines**

The grant application must include:

1. Cover page (see template)
2. Proposal Narrative (no more than 10 pages, single-spaced) with the following sections:
  - a. Organizational Profile (include your organization's capability and experience)
  - b. Statement of Needs
  - c. Project Goals, Objectives
  - d. Project Activities with a work plan summarizing key activities (see template)
  - e. Evaluation Plan (see logic model template)
  - f. Budget narrative
3. Budget form (see template)
4. Signed Assurances of Civil Rights Compliance (form attached)
5. One letter of support

Proposals must be typed, using Arial 12-point font, single-spaced on 8 ½ by 11-inch paper with at least one-inch margins. **Proposals should not exceed 10 pages**, excluding the cover page, budget form, assurances and letter of support. Applicants must number all pages, inscribe the name of the applicant organization in the right corner header of each page, and organize the application according to the application guidelines detailed in this document. **Applications must be submitted via e-mail as a WORD or PDF document attachment to: [DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov). Please indicate “Community Grant Application” in the email’s subject line.**

**Awards will be granted competitively based on the application format provided in this RFA. Applicants can earn up to 100 points. An objective review team will score and rank the applications based on the following:**

## **Minority Health Community Grant Application Format**

### **1. Cover Page (template provided)**

- Complete the cover page and make it the first page of the submitted application.
- Include a brief description of the project (in 300 words or less) in the cover page block. The cover page does not count toward the page limit of this announcement.

### **2. Proposal Narrative**

#### **Individual or Organizational Profile (1 page) (Worth 10 points)**

- Provide organizational information (name of organization, name of key staff) and include a statement about your organization’s history, mission, and qualifications as related to the project.
- Describe your organization’s partnerships with other CBOs and state public health programs.

#### **Statement of Needs (2 pages maximum) (Worth 20 points)**

- Identify the minority group members for which the project is designed, and how these communities will be engaged in the implementation of the project.
- Present the compelling evidence that justifies the need for this project.
- Identify the socioeconomic determinant (s) of health that this project will address, or the CLAS standard(s) this project will promote and/or adopt and implement, and
  - Identify how this will improve the health for the target population (s) if the project is successful.
- Explain how this project is connected to the *Healthiest Wisconsin 2020* goal of eliminating health disparities and achieving health equity.

#### **Project Goals and Objectives (1 page) (Worth 10 points)**

- List your overall project goal(s). What do you want to accomplish?
- List measurable objectives for the project. Objectives should be SMART (Specific, Measurable, Action-oriented, Realistic and Time-bound)
- Describe the number of people/groups that will be directly or indirectly impacted by this project.
- Describe the expected outcomes for each of the targeted groups.



- Be clear about the policy and systems that will be impacted by your work.

### **Project Activities (3 pages maximum) (Worth 30 points)**

- Describe the rationale (e.g., the theory, evidence- or science-based strategies, previous experience/success, and promising practices) that the project will use to achieve its goals. Include information that supports the use of your evidence-based strategy or science-based practice.
- Describe the activities you will perform to implement your project.
- Provide a work plan (template provided) including the activities proposed, key milestones, deadlines, and staff person responsible for each activity. Use the template provided in this announcement.
- Describe the partnerships that will be involved in the implementation and evaluation of this project. If possible, describe the major roles and responsibilities each partner will have in this project.
- Describe some potential problems/issues that may hinder the implementation of the project as planned, and the solutions that would be applied if such problems arise.

### **Evaluation Plan (2 pages, template provided) (worth 20 points)**

- Describe how you will evaluate the work funded through this grant. In your description, include how you will measure success and how you will use evaluation tools to document your work.
- Provide at least two *outcome* indicators (measurable results) and show how these results would be a reasonable way to measure progress toward your stated objectives.
  - Use the logic model template provided, or use your own template, to complete the two bullets above. Add a narrative for the bullet points below and any other information related to evaluation.
- Describe how often you will collect information for the purpose of this project, and how the collected information will be used to improve your work in general.
- Describe any potential challenges you may experience that will make evaluation difficult, and describe how you plan to address or overcome these challenges.

### **3. Budget (Worth 10 points)**

- Write a **budget narrative (1 page maximum)** to explain how the costs of your budget items were calculated, and why each item is important to the completion of the project. Sources of match should also be identified in the budget narrative. Each budget item must be listed and explained in the budget narrative.
- Complete the attached **budget form**. The budget form serves as a one-page summary of anticipated expenditures. The budget should be based on the best available estimates of personnel and supporting resources needed to perform the services described in the proposal. All figures should be rounded to the nearest dollar. Calculate the total for each category and the *Grand Total-All Costs Categories*. Double-check all figures and calculations. **The budget form does *not* count toward the 10 pages limit of the application.**

Descriptions of the budget categories are as follows:

#### ***Category I—Personnel***

List, by title, each position that will be supported in whole or in part with grant funds or local



match. In the *Grant Amount* column, indicate the total salary that will be paid with grant funds during the grant period. If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds. Minority health community grant funds cannot be used to support staff hours that will be concurrently obligated to other sources of funding, including federal or state grants and private or local foundations. Agency records are subject to audit.

**NOTE:** If you plan to subcontract out part or all of your project, you must provide the above information for your agency and/or the subcontractor(s). Be very clear in describing and distinguishing between your agency's staff and/or the staff of the subcontractor(s).

### **Category II—Consultant and Contractual**

The organization may choose to contract out some required components of the project. However, the Department reserves the right to approve all subcontracts as a condition of the award.

Identify consultants and/or other subcontractors who will provide services that will be paid with grant or local match funds. All expenditures to be made to consultants and/or subcontractors must be fully explained in the budget narrative.

### **Category III—Program Supplies**

Examples of costs to be included in this category include medical, dental, laboratory, and education/outreach supplies. Estimate the cost for each type of expenditure and itemize it in the space provided.

### **Category IV—Agency/Organization Operations**

Include costs such as rent; telephone; utilities; staff development, recruitment and travel; office supplies; postage; printing; and data processing.

### **Category V—Indirect Costs**

For community-based agencies, **indirect charges may not exceed 10 percent of salaries/wages (excluding fringe benefits) charged to the grant.** Tribal organizations must adhere to the DHS Tribal Indirect Cost Policy. An indirect cost rate plan may be requested, reviewed, and subjected to approval by the Minority Health Program.

### **Local Match**

Community-based organizations are required to provide local match in an amount at least equal to 50% of the requested grant funds. An organization may count as a match any local expense which meets the qualifications outlined above and which contributes to the project. Examples of in-kind match include office space, staff time, travel costs, private donations, and other contributions.

## **4. Signed Assurances and Compliance Form**

Applicants must comply with Civil Rights requirements, and must submit a Civil Rights Compliance Letter of Assurance (attached). Upon selection as a Minority Health Community Grant contractee, those organizations with an annual work force exceeding 25 employees and/or receiving a grant of \$25,000 or more, must submit a written Civil Rights Compliance Plan, which covers a three-year period, within fifteen (15) working days of the award date of the agreement or contract.

## **5. Letter of support**

Letters of Support are crucial for the reviewer to assess the likelihood of success for a particular project, and to review outcomes of past partnerships. While not a definitive statement on the applicant's capabilities or reach, Letters of Support add to an overall understanding of the applicant's ability to successfully carry out the proposed work. Under this announcement, accepted letters of support must be from existing or prospective non-healthcare partners such as faith-based organizations, educational or agricultural/nutritional programs, neighborhood associations, legal aid or similar organizations, housing projects, etc.

Please observe the following guidelines:

- Attach one letter of support from a non-healthcare partner.
- The letter of support must include a clear description of the partner's role and responsibilities in the implementation of your project.

## **Review Process**

Applications will be reviewed by an objective team including a representative of the Minority Health Program.

The Division of Public Health will make the final decision to award each grant. The Division reserves the right to reject any or all proposals and to negotiate the award amount, the evaluation process, authorized budget items, and specific programmatic goals with the selected applicants prior to entering into a grant agreement. Anyone receiving a contract must comply with Department of Health Services Affirmative Action and Civil Rights Compliance, Accounting and Audit Requirements.

Should additional funding become available, the Minority Health Program reserves the right to utilize the results of this process to award additional grants.

## Appendix: Glossary of terms used in this RFA

**Community-based Organization (CBO).** The grassroots groups formed to serve the interests of families or stakeholders in communities. CBOs usually emerge through schools, churches, neighborhoods, ethnic groups, sports, or cultural activities.

**Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.** National Standards that are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

**Evidence- or Science-based practice.** Those practices for which effectiveness has been confirmed by systematic research conducted and interpreted according to specific norms or expert consensus. (Compare with *Promising Practices*.)

**Goal.** Goals are broad statements that describe what you ultimately want to achieve with your program or your organization. Goals are usually long-term and general. Example: To reduce the spread of HIV/AIDS. (Compare with *Objectives*.)

**Health disparities.** The “differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation and identification, disability or special health care needs, or other categories. Most health disparities are also considered to be health inequities - disparities that are avoidable, unfair, or unjust and/or are the result of social or economic conditions or policies that occur among groups who have persistently experienced historical trauma, social disadvantage or discrimination, and systematically experience worse health or greater health risks than more advantaged social groups [Wisconsin Minority Health Leadership Council]”.

**Objectives.** Objectives are steps to achieve your goal(s). There are two types of objectives, **process objectives and outcome objectives**. Both are also known as milestones or benchmarks. Process objectives describe your project’s activities. An example of a process objective: To hold 14 events during the project year. An outcome objective describes the benefits of your work – what you hope to achieve. An example of an outcome objective: The rate of sexually transmitted diseases will decrease by 25% in three years.

**Outcome indicator.** A result by which progress can be measured on specific objectives.

**Promising Practices (also known as Practice-based Evidence Programs).** Those practices that have shown at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data.

**SMART.** SMART is an acronym which stands for Specific, Measurable, Action-oriented, Realistic and Time-bound. It is used as a means of guiding objectives on a specific project.

**Social change.** Activities, programs, and actions that address the underlying causes of societal ills such as poverty and poor health. Social change work has a macro focus – a focus

on systems, organizations, and populations as a whole – rather than micro-level work, which focuses on the behaviors and attitudes of individuals. The core premise of all social change work is to create a more just and equitable society.

**Socioeconomic determinants of health** are factors that come together to move an individual or community to a place where they can fully participate in improving their own health. Some examples of socioeconomic determinants of health include race, social class, income, gender, social supports, education and literacy, employment and work environments, physical environment, community cohesion, culture, and sexual orientation. Socioeconomic determinants of health can drive as much as 40 percent of the health of an individual or community.